

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3923ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2009
NAME OF PROVIDER OR SUPPLIER WESTCARE NEVADA WOMEN & CHILDRENS CAMPU		STREET ADDRESS, CITY, STATE, ZIP CODE 5659 DUNCAN DRIVE LAS VEGAS, NV 89130		
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D 000	<p>Initial Comment</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 1/12/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for one hundred and thirty residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was sixty-seven. Twenty-four resident files and fifteen employee files were reviewed. One discharged resident file was reviewed.</p>	D 000		
D 041 SS=A	<p>NAC 449.102 Inventory of client's belongings</p> <p>If a facility holds or stores a client's belongings, there must be an inventory of the belongings on admission, made a part of the client's record, and updated as needed. These belongings must be returned to the client upon his exit.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility failed to take an inventory of belongings on admission for 5 of 24 residents.</p> <p>Findings include:</p> <p>The files for Resident #10, #13, #18, #24, and</p>	D 041		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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D 041	Continued From page 1 #25 did not contain an inventory of their belongings. Severity: 1 Scope: 1	D 041		
D 080 SS=C	NAC 449.114(6) Employees 6. The facility must provide an orientation session to new employees. Documentation of the sessions must be maintained in the employee's personnel record. This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility did not provide evidence that 13 of 15 employees participated in an orientation program. Findings include: The files for Employee #1, #2, #3, #4, #5, #6, #7, #8, #11, #12, #13, #14 and #15 did not contain documentation they participated in an orientation program. Severity: 1 Scope: 3	D 080		
D 090 SS=C	NAC 449.114(9)(b) Employees 9. A personnel record must be maintained for each employee. The record must contain: (b) Letters of recommendation This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility did not obtain letters of recommendation for 11 of 15 employees.	D 090		

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D 090	Continued From page 2 Findings include: The files for Employee #2, #3, #4, #5, #6, #7, #8, #9, #10, #14 and #15 did not contain any letters of recommendation. Severity: 1 Scope: 3	D 090		
D 091 SS=C	NAC 449.114(9)(c) Employees 9. A personnel record must be maintained for each employee. The record must contain: (c) Reference investigation records This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility failed to conduct reference investigations on 10 of 15 employees. Findings include: The files for Employee #1, #2, #3, #4, #6, #7, #8, #10, #14 and #15 file did contain evidence that a reference verification had been conducted. Severity: 1 Scope: 3	D 091		
D 100 SS=F	NAC 449.117 Physical Examinations All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions of chapter 441A of NAC concerning tuberculosis. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the	D 100		

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D 100	<p>Continued From page 3</p> <p>dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120)</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the</p>	D 100		

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D 100	Continued From page 4 preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall	D 100			

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D 100	<p>Continued From page 5</p> <p>be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)</p> <p>Based on record review on 1/12/09, the facility did not ensure that 8 of 15 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB).</p> <p>Findings include:</p> <p>Employee #2 - The employee's file contained evidence the employee completed the first step of the required two-step TB skin test in 5/08. The file did not contain the results of the required second step TB skin test.</p> <p>Employee #7 - The employee's file contained a copy of a negative chest x-ray report, but the file did not contain evidence in the form of a positive skin test or a statement from a physician that the employee tested positive for TB.</p> <p>Employee #9 - The employee's file contained two copies of annual TB skin tests dated 11/24/06 and 1/17/08. The file did not contain evidence of a two-step TB skin test or TB testing completed in 2007.</p> <p>Employee #10 - The employee's file contained evidence of a two-step TB skin test completed on 4/17/06 and an annual TB skin test dated 9/28/07. The 9/28/07 annual TB skin test was five months late. The file did not contain evidence that any TB skin testing was completed in 2008.</p> <p>Employee #11 - The employee's file did not contain any evidence of TB testing.</p>	D 100		

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D 100	Continued From page 6 Employee #13 - The employee's file contained evidence the employee completed the first step of the required two-step TB skin test on 7/13/07. The file did not contain any other evidence of TB skin testing. Employee #14 - The employee's file contained evidence the employee completed the first step of the required two-step TB skin test on 12/2/06. The file did not contain any other evidence of TB skin testing. Employee #15 - The employee's file contained evidence the employee completed the first step of the required two-step TB skin test on 8/13/07. The file did not contain any other evidence of TB skin testing. Severity: 2 Scope: 3	D 100			
D 103 SS=F	NAC 449.1214 Social Model Detox Pro 1. A facility that offers a social model detoxification program: (a) Must have a physician, nurse practitioner, registered nurse or physician assistant conduct a physical assessment and a review of the general medical and drug history of a client within 24 hours after the client is admitted to the facility to ensure that a social model detoxification program is appropriate for the client. (b) Must not provide detoxification services for clients who exhibit life-threatening symptoms of withdrawal from alcohol and drug abuse. (c) Must develop and implement policies and procedures that protect the safety and health of clients. The facility must have these policies and procedures reviewed annually by a licensed physician who is familiar with the symptoms of withdrawal from alcohol and drug abuse.	D 103			

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D 103	<p>Continued From page 7</p> <p>(d) ust ensure that the observation of a client during his treatment in the social model detoxification program is reflected in the records of the client as deemed necessary by the policies and procedures of that facility.</p> <p>2. The staff of a facility that offers a social model detoxification program must complete at least 6 hours of additional education in the detoxification of alcohol and drug abusers, as approved by the program of ongoing quality improvement pursuant to NAC 449.1218, every 2 years. Such education must include instruction in:</p> <p>(a) Acute withdrawal symptoms from alcohol and drug abuse; and</p> <p>(b) First-aid procedures for clients with seizures.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 1/12/09, the facility failed to ensure a detoxification resident received a physical assessment, failed to develop a comprehensive policy on detoxification procedures, and failed to ensure staff members caring for detoxification residents received detoxification training.</p> <p>Findings include:</p> <p>Physical assessment</p> <p>Resident #25 was admitted on 1/7/09. The resident was identified as a resident undergoing detoxification. The resident's file did not contain evidence that a physical assessment had been conducted by a physician, nurse practitioner, registered nurse or physician assistant within 24 hours after admission. The facility policy was</p>	D 103		

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D 103	<p>Continued From page 8</p> <p>reviewed. The policy indicated that an initial medical assessment would be conducted at admission.</p> <p>Lack of a comprehensive policy</p> <p>A caregiver responsible for caring for Resident #25 was interviewed about the detoxification policy in regards to taking vital signs. The caregiver report that on the first day, vital signs are taken every two to four hours depending on whether the resident was in Civil Protective Custody. On the second day, vital signs would be taken every six to eight hours and on the third day, vital signs were taken every fourteen hours. The caregiver further reported that if the vital signs were out of the normal range, caregivers were to call the facility nurse or the local community triage center nurses for guidance. The caregiver presented the vital signs flow sheet belonging to the resident. The flow sheet did not list instructions for notifying a nurse if the vital signs were out of the normal range or the hourly frequency of vital signs. The facility policy was reviewed. The policy confirmed that caregivers were to take resident vital signs every two to four hours for the first day depending on whether the resident was in Civil Protective Custody. The policy did not give instructions on how often to take vitals sign on subsequent days, nor did the policy list instructions for caregivers if the vital signs were outside the normal range.</p> <p>Lack of training</p> <p>During a review of employee files, a staff person identified fourteen employees that cared for residents undergoing detoxification. All fourteen files were reviewed for evidence of detoxification training. No documentation was located in any of</p>	D 103		

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D 103	Continued From page 9 the files. Severity: 2 Scope: 3	D 103		
D 104 SS=C	NAC 449.1218 Social Model Detox Pro 1. A social model detoxification program must have a program of ongoing quality improvement designed to: (a) Monitor and evaluate, objectively and systematically, the quality and appropriateness of client care; (b) Pursue opportunities to improve client care; and (c) Resolve identified problems. 2. The program of ongoing quality improvement must: (a) Establish written policies and procedures to describe and document the monitoring and evaluation activities of the program of ongoing quality improvement. (b) Include the participation of a medical professional who is not required to be a member of the staff. For the purposes of this paragraph, zmedical professional z means a licensed physician, nurse practitioner, physician assistant or registered nurse who is familiar with clients suffering from acute withdrawal symptoms from alcohol and drug abuse. (c) In addition to the participation of a medical professional pursuant to paragraph (b), include the participation of the administrator and two staff members of the social model detoxification program. (d) Approve the 6 hours of additional education required pursuant to NAC 449.1214 to ensure that the additional education is appropriate. 3. The findings of the program of ongoing quality improvement, including any conclusions,	D 104		

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D 104	Continued From page 10 recommendations, actions taken and the results of the actions taken, must be documented. All documentation must be reported to the governing body and must be reflected in the minutes annually. This Regulation is not met as evidenced by: Based on interview on 1/12/09, the facility failed to include a medical professional in the quality assurance program associated with the facility's detoxification program. Findings include: During an interview, a staff person reported the management team responsible for quality assurance did not include a medical professional such as a licensed physician, nurse practitioner, physician assistant or registered nurse who were familiar with residents suffering from acute withdrawal symptoms. Severity: 1 Scope: 3	D 104		
D 111 SS=F	NAC 449.123(5) Sanitary Requirements 5. The facility shall establish a policy that prohibits clients from sharing items for personal use, such as combs, toothbrushes, towels or bar soap. This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility did not establish a policy prohibiting residents from sharing items for personal use.	D 111		

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D 111	Continued From page 11 Findings include: The policy and procedure manual did not contain a policy prohibiting residents from sharing items such as toothbrushes, towels or soap. Severity: 2 Scope: 3	D 111			
D 112	NAC 449.123(6) Sanitary Requirements 6. Restrooms or lavatories for the staff must be provided with soap dispensers and individual disposable towels. This Regulation is not met as evidenced by: Based on observation and interview on 1/12/09, the facility failed to supply soap in a public restroom. Findings include: At 9:30 AM, the public restroom across from the conference room lacked soap in the dispenser. Facility staff were asked to provide soap, but staff neglected to follow through with the request and the soap dispenser remained empty for the remainder of the survey. Severity: 2 Scope: 3	D 112			
D 132 SS=D	NAC 449.129(3) Construction Standards 3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled " New Hotels and Dormitories, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities	D 132			

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D 132	<p>Continued From page 12</p> <p>housing not more than 16 clients must meet the requirements of the chapter entitled " Lodging or Rooming Houses, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105.</p> <p>This Regulation is not met as evidenced by: Based on observation and testing on 1/12/09, the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition Chapter 28 NEW HOTELS and DORMITORIES.</p> <p>Findings include:</p> <p>Chapter 28 New Hotels and Dormitories</p> <p>28.2.9 Emergency Lighting</p> <p>28.2.91 Emergency lighting in accordance with Section 7.9 shall be provided</p> <p>7.9.2.3 The emergency lighting system shall be arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following: (1) Failure of a public utility or other outside electrical power supply (2) Opening of a circuit breaker or fuse (3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities</p> <p>Emergency lights did not function when tested for 3 of 24 emergency lights at the following</p>	D 132		

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D 132	Continued From page 13 locations: 1) The emergency light located in the northwest exit corridor did not function when tested. 2) The emergency light located across from the central nurses did not function when tested. 3) The emergency light located in the northeast exit corridor did not function when tested. Severity: 2 Scope: 1	D 132		
D 215 SS=F	NAC 449.141(7) Health Services 7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency. This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility did not ensure that 10 of 15 staff persons had evidence of cardiopulmonary resuscitation training (CPR). Findings include: The files for Employee #1, #2, #3, #6, #8, #9, #10, #11, #12, and #13 did not have evidence of CPR training. Facility requirements/conditions for employment indicated that CPR training was mandatory. Severity: 2 Scope: 3	D 215		

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D 216	Continued From page 14	D 216		
D 216 SS=F	<p>NAC 449.141(8) Health Services</p> <p>8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120).</p> <p>1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks;</p> <p>(2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum;</p> <p>(4) Has a fever which is not associated with a cold, flu or other apparent illness;</p> <p>(5) Is experiencing night sweats;</p> <p>(6) Is experiencing unexplained weight loss; or</p> <p>(7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis</p>	D 216		

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D 216	<p>Continued From page 15</p> <p>screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the</p>	D 216		

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D 216	Continued From page 16 facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.	D 216			

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D 216	<p>Continued From page 17</p> <p>The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>Based on record review on 2/12/09, the facility did not ensure that 20 of 25 residents met the requirements of NAC 441A.380 concerning tuberculosis (TB).</p> <p>Findings include:</p> <p>The files for Resident #10, #15, #19, #20, #22, #24 and #25 did not contain evidence of any TB skin testing.</p> <p>Resident #1 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 8/22/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #3 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 9/24/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #4 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 12/12/08.</p>	D 216		

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D 216	<p>Continued From page 18</p> <p>The file did not contain the results of the required second step TB skin test.</p> <p>Resident #5 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 6/20/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #7 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 12/12/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #8 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 11/20/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #9 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 5/21/08, but the test was not read. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #11 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 12/17/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #12 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 12/15/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #13 - The resident's file contained</p>	D 216		

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D 216	Continued From page 19 evidence of a negative chest x-ray report, but the file did not contain evidence in the form of a positive skin test or a statement from a physician that the employee tested positive for TB. Resident #16 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 10/22/08. The file did not contain the results of the required second step TB skin test. Resident #17 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 7/18/08. The file did not contain the results of the required second step TB skin test. Resident #18 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 12/19/08. The file did not contain the results of the required second step TB skin test. Severity: 2 Scope: 3	D 216			
D 217 SS=F	NAC 449.141(9) Health Services 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies. This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility did not ensure that 10 of 15 staff persons had evidence of first aid training. Findings include:	D 217			

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D 217	Continued From page 20 The files for Employee #1, #2, #3, #6, #8, #9, #10, #11, #12, and #13 did not have evidence of first aid training. Severity: 2 Scope: 3	D 217			
D 231 SS=D	NAC 449.144(1)(f) Medication The policies must require that: (f) There be documentation in the client ' s record of the name of the medication, dose, route of administration, time and name of the person observing the self-administration or the licensed staff member who administered the medication. This Regulation is not met as evidenced by: Based on record review on 1/12/09, the facility failed to maintain accurate documentation of the medication administration record (MAR) for 4 of 25 residents. Findings include: Resident #5 - The resident's Hydroxyzine was labeled as an as needed (PRN) medication. The MAR indicated the medication was not a PRN medication and was being administered twice daily. Resident #9 - The prescription label on the resident's Ibuprofen indicated the medication was PRN. A bottle of saline nasal spray was also labeled as PRN. Both medications were not listed on the MAR. Resident 19 - The prescription label on the resident's Hydroxyzine indicated the medication was PRN at bedtime. The MAR indicated it was	D 231			

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D 231	Continued From page 21 not a PRN medication and the medication was being administered nightly. Resident #23 - The prescription label on the resident's Albuterol indicated the medication was PRN. The MAR indicated the medication was not a PRN medication and the medication was being administered daily. Severity: 2 Scope: 1	D 231		
D 236 SS=D	NAC449.144(5) Medication 5. All medication must be maintained in locked storage. Controlled substances must be maintained in a locked box within the locked storage. Medications requiring refrigeration must be kept in a locked box inside the refrigerator separated from food and other items. Disinfectants and medication for external use must be stored separately from medications for internal use and from medications that can be injected. All potent, poisonous or caustic drugs must be plainly labeled, stored and made accessible only to authorized persons. All medication storage must be maintained in accordance with the security requirements of federal, state and local laws. This Regulation is not met as evidenced by: Based on observation on 1/12/09, the facility failed to store external medications separately from internal medications for 5 of 57 residents. Findings include: Resident #8 - GNP nasal spray observed being stored with the resident's oral medications.	D 236		

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D 236	Continued From page 22 Resident #9 - Saline nasal spray was observed being stored with the resident's oral medications. Resident #12 - GNP long acting nasal spray was observed being stored with the resident's oral medications. Resident #14 - Vagisil and Cortaid spray were observed being stored with the resident's oral medications. Resident #19 - Mupirocin 2% ointment was observed being stored with the resident's oral medications. Severity: 2 Scope: 1	D 236		
D 245 SS=C	NAC 449.147(1) Dietary Services 1. Facilities must serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those residents who desire one. This Regulation is not met as evidenced by: Based on record review and interview on 1/12/09, the facility did not ensure there was not more than 14 hours between a substantial evening meal and breakfast. Findings include: The facility scheduled four servings times for dinner, starting at 4:30 PM. Breakfast started at 7:00 AM. This exceeded the allowable timeframe between these meals.	D 245		

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D 245	Continued From page 23 Severity: 1 Scope: 3	D 245		
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action. This Regulation is not met as evidenced by: Based on observation, record review, and interview on 1/12/09, the facility did not ensure its kitchen complied with all applicable provisions of chapter 446 of NRS. Findings include: Main kitchen Refrigerator: There was a carton of liquid whole eggs which had been opened on 12/23/09. An opened can of whipping cream had not been dated. Dry storage: There was a large plastic bag of bagels on the the floor. Ice machine: Mold was observed on the interior	D 250		

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D 250	Continued From page 24 surface of the ice machine. An employee was observed placing his hands directly on the ice. Sanitizers: The solution in the wiping cloth buckets contained an inadequate amount of sanitizer. Food service area There was no trash receptacle near the handwashing sink. The juice dispenser was in need of cleaning. Adjacent maintenance building Freezers: Freezer #3 showed a temperature reading of 10 degrees. The temperature log revealed that the freezer also had a reading of 10 degrees on 1/8/09 and 1/9/09. No follow-up was conducted. Dry storage: There were five unopened soda bottles next to the toilet in the bathroom adjacent to the dry storage room. There was a tub of utensils stored on the floor. Severity: 2 Scope: 3	D 250		
DK999 SS=F	Final Comments This Regulation is not met as evidenced by: Based on observation and staff interviews on 1/12/09, the facility failed to discard expired over-the-counter medications. The facility failed to store laboratory specimens separate from food and medications belonging to 29 of 29 residents on the Health Families Unit. Findings include:	DK999		

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DK999	<p>Continued From page 25</p> <p>Expired Medications</p> <p>Young Faces Unit</p> <p>The following expired medications were found in a first aid kit available for use:</p> <p>Antiseptic burn spray exp. 6/08</p> <p>Eye and skin wash exp. 12/08</p> <p>Antiseptic spray exp. 9/06</p> <p>Extra Strength Tylenol exp. 11/06</p> <p>Motrin IB exp. 10/05</p> <p>Ibutabs (4 packets) exp. 11/07</p> <p>Congestaid (3 packets) exp. 12/07</p> <p>A&D ointment (4 packets) exp. 1/08</p> <p>Healthy Families Unit</p> <p>The following expired medications were found in stock available for use:</p> <p>Extra strength non-aspirin exp. 7/07</p> <p>During an interview, a staff person stated that it was the responsibility of every staff person assisting with medications to ensure that expired medications were discarded and not made available for resident use. The staff person was unable to explain why the expired medications had not been discarded.</p> <p>Laboratory specimens:</p> <p>During the inspection of the medication storage refrigerator on the Healthy Families Unit, seven urine specimens were found in the same refrigerator where 4 cartons of orange juice and a partial bottle of Citrate of Magnesia were stored. A staff member stated that these specimens were not normally stored in this refrigerator, but there was an empty plastic storage container in the bottom of this refrigerator labeled " Urine Specimens."</p> <p>Severity: 2 Scope: 3</p>	DK999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3923ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/12/2009
NAME OF PROVIDER OR SUPPLIER WESTCARE NEVADA WOMEN & CHILDRENS CAMPU			STREET ADDRESS, CITY, STATE, ZIP CODE 5659 DUNCAN DRIVE LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.